

Date: [Insert Date]

To: [Name of Educational Institution / Registrar's Office]

Address: [Institution Address]

City, State, Zip: [City, State, Zip Code]

Subject: Consent for Education and Academic Verification

To Whom It May Concern,

I, [Your Full Name], hereby authorize [Name of Requesting Company/Organization] and its authorized agents to conduct a verification of my educational background and academic records.

I provide my formal consent for [Name of Educational Institution] to release information regarding my enrollment, graduation status, degree(s) conferred, dates of attendance, and any other relevant academic credentials to the aforementioned party.

My Personal Information for Verification:

- **Full Name used during enrollment:** [Name]
- **Date of Birth:** [Date of Birth]
- **Student ID Number (if known):** [ID Number]
- **Degree/Diploma Obtained:** [Type of Degree]
- **Major/Field of Study:** [Major]
- **Year of Graduation/Attendance:** [Year]

A photocopy or electronic scan of this authorization shall be considered as valid as the original.

Sincerely,

(Signature)

[Your Printed Full Name]

[Your Phone Number]

[Your Email Address]